



Health Resources  
Development Service  
Oklahoma State  
Department of Health

Jail Inspection Division  
Oklahoma State Department of Health  
1000 NE 10<sup>th</sup> Street • Oklahoma City, OK 73117  
Telephone (405) 271-6868 • Fax (405) 271-5304  
<http://jails.health.ok.gov>

## JAIL INCIDENT REPORT

To submit an incident report, complete this form and fax to the Jail Inspection Division at (405) 271-5304. DO NOT INCLUDE ANY ATTACHMENTS.

### 310:670-5-2(27) Security and control

In case of a death or an escape with injury, the Department shall be notified immediately.

### 310:670-5-2(28) Security and control

The Department shall be notified no later than the next working day if any of the following occur: (A) Extensive damage to jail property; (B) Serious injury to staff or prisoner defined as life threatening or requiring transfer to outside medical facility; (C) Escape; (D) Serious suicide attempt, defined as life threatening or requiring transfer to outside medical facility.

Date: 1/16/18

Name of reporting party: Zackery Andrews

#### 1. Check the box identifying the type of incident.

Death ☒ Death by Suicide ☐ Serious Suicide Attempt ☐ Damage to Jail Property ☐  
Escape ☐ Escape with Injury ☐ Serious Injury to Jail Staff ☐ Serious Injury to Prisoner ☐

#### 2. Complete the following facility information:

Facility name, Cleveland County Detention Center

#### 3. Enter name of jail staff and prisoner.

Jail Staff Name: Zackery Andrews

Prisoner Name: [REDACTED]

#### 4. Enter the date, time, and location of the incident.

Date of Occurrence: 1/16/18

Time: 21:50

5. Briefly describe what happened. Inmate [REDACTED] was found unresponsive when he was evaluated by Licensed Practical Nurse Clayton Rickert at the Cleveland County Detention Center in Norman, Ok. A respirator and CPR were used on the inmate until EMSA and the Norman Fire Department arrived. Norman Police arrived and escorted the inmate to the hospital with Norman Fire and EMSA.



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Date: 02-02-2018

Name of reporting party: Sgt. Carey Duniphin

#### 1. Check the box identifying the type of incident.

Death ☒ Death by Suicide ☐ Serious Suicide Attempt ☐ Escape ☐

Escape with Injury ☐ Serious Injury to Jail Staff ☐ Serious Injury to Prisoner ☐

#### 2. Complete the following facility information:

Facility name: Washington County Detention Center

#### 3. Enter name of detention staff and prisoner below.

Detention Staff Name: Garth Walker, Travis Hurd, Paul Greene, Kyle Davis and Michael Kitchens

Prisoner Name: [REDACTED]

#### 4. Enter the date, time, and location of the incident below.

Date of Occurrence: 02-02-2018

Time: 0524

*Jail Incident Report (continued)*

5. **Briefly describe what happened.** [REDACTED] was brought to the Washington County Detention Center by Bartlesville Police Officer Cody Lemmons for Public Intoxication at 0359 hours on 02-02-2018. Inmate [REDACTED] was left in holding cell 1 waiting to be fully booked once he became sober enough to book. At 0506 hours a well-being check was conducted by Officer's on Inmate [REDACTED] who at this time was lying on the west bench in hold 1. At 0520 hours breakfast was served to Inmate [REDACTED] which he sat up and began to eat. At 0522 hours Inmate [REDACTED] stands up and walks to the toilet, kneels down in front of the toilet and begins to vomit into the toilet. At about 0524 hours Inmate [REDACTED] sits down on the floor in front of the toilet with his legs crossed and arms in his lap. It appears in the video that Inmate [REDACTED] begins to cough for a few more seconds then becomes still. Inmate [REDACTED] remains in this sitting position and does not move again.

At 0821 hours, transport Deputy Wes Hunkapiller enters into Hold 1 from the sally port area. Deputy Hunkapiller looks at Inmate [REDACTED] and walks out of Hold 1. At 0837 Deputy Hunkapiller enters Hold 1 again with an inmate he is transporting to court and exits Hold 1 into the sally port. Deputy Hunkapiller stated that he just assumed Inmate [REDACTED] was sleeping in this sitting position.


At 0900 hours, Detention Officer Garth Walker enters into Hold 1 to get Inmate [REDACTED] to finish his booking. Officer Walker approached Inmate [REDACTED] and is talking to Inmate [REDACTED] until he gets closer to him. Officer Walker then notices that Inmate [REDACTED] has discoloration (i.e purplish color to his head and upper left arm). Officer Walker then poked Inmate [REDACTED] in the left shoulder trying to see if he would wake. When Officer Walker got no response from Inmate [REDACTED] he yelled for Sgt Mitch Doyle who was in the booking area to come assist. Sgt. Doyle then enters into Hold 1 and begins to asses Inmate [REDACTED] condition. At 0902 hours, Nurse Nancy Costillo arrived for work and was immediately sent to Hold 1 by Sgt. Travis Hurd. Sgt. Travis Hurd was in booking at the time and called for an ambulance to respond to the Detention Center.

At 0907 hrs, I arrived at the Detention Center along with the Bartlesville Ambulance Service. Medic Ron Sweeten entered Hold 1 with me and we both looked at Inmate [REDACTED] Medic Sweeten retrieved his heart monitor and placed the pads on Inmate [REDACTED] Medic Sweeten said that there was no sign of heart function and pronounced Inmate [REDACTED] dead.

Lt. Jon Copeland was already on scene in the detention center along with Capt. Brandon Cranor. All detention officers on duty were told to complete reports for this incident. Lt. Copeland began his investigation and called the Oklahoma State Medical Examiner's office who responded to the detention center.

*Jail Incident Report (continued)*

**6. List any witnesses to the incident.**

  
\_\_\_\_\_  
Signature of Reporting Party

*Solo Administration*  
\_\_\_\_\_  
Title/Position

**WOODWARD COUNTY SHERIFF'S OFFICE**

1600 Main Suite 1 • Woodward, Okla. 73801-3048

Office (580) 256-3264 • Fax (580) 254-6815

**KEVIN MITCHELL**  
SHERIFF**BROCK BENSON**  
UNDERSHERIFF**RAYNA MERKLEY**  
ADMINISTRATIVE ASSISTANT**FAX COVER SHEET**  
(580) 254-6815

Total Pages (including cover):

4

Date:

3-11-18

Department/ Company Name:

Health Resources / Jail Inspection Division

Attn:

Fax:

405 - 271-5304

Sent by:

Cilla Sessoms



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Development Service  
Oklahoma State  
Department of Health

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The Department shall be notified no later than the **next working day** if any of the following occur: (A) Extensive damage to jail property; (B) Serious injury to staff or prisoner defined as life threatening or requiring transfer to outside medical facility; (C) Escape; (D) Serious suicide attempt, defined as life threatening or requiring transfer to outside medical facility.

Date: 3-11-18

Name of reporting party: Cilia Sessoms

#### 1. Check the box identifying the type of incident.

Death x☐    Death by Suicide ☐    Serious Suicide Attempt ☐    Escape ☐

Escape with Injury ☐    Serious Injury to Jail Staff ☐    Serious Injury to Prisoner ☐

#### 2. Complete the following facility information:

Facility name: Woodward County Jail

#### 3. Enter name of detention staff and prisoner below.

Detention Staff Name: Cory Barnett, Chad McClain, Ray Mann, and Tiffany Heatwole

Prisoner Name: [REDACTED]

#### 4. Enter the date, time, and location of the incident below.

Date of Occurrence: 3-11-18


Time: 0004:02

*Jail Incident Report (continued)*

5. Briefly describe what happened. [REDACTED] was booked into jail at 23:34 and appeared intoxicated and was placed in a holding cell. Inside the holding cell [REDACTED] got worked up and started hitting and kicking the walls and throwing himself on the bunk and floor. [REDACTED] was moved to the padded cell to keep him from being able to hurt himself while detoxing. While in padded [REDACTED] was put on 30 minute checks to make sure he had not hurt himself. At approximately 04:02, while doing a check, [REDACTED] appeared non responsive in the padded cell. The jailers opened the door to find [REDACTED] lying on his back with his eyes open and not responding. The Shift Supervisor Cory Barnett called the Jail Administrator Cilia Sessoms and EMS. While on the phone the Shift Supervisor advised Jail Administrator that a check was performed at approximately 03:48 and a jailer could audibly hear [REDACTED] breathing in the padded cell. EMS was called at about 04:10. CPR was started by Shift Supervisor Cory Barnett and Jailer Chad McClain on [REDACTED] and was performed for about 10 minutes and ended when EMS arrived. The AED was used and it did not administer any shocks as it went through the analyzing process twice and was turned off by the EMS. EMS arrived at the jail and pronounced [REDACTED] dead at approximately 04:30. Sheriff Kevin Mitchell was notified and Captain Patrick Holloway was contacted. Captain Holloway called to notify the medical examiner's office of the death.

*Jail Incident Report (continued)*

6. List any witnesses to the incident. **Cory Barnett, Chad McClain, Ray Mann, and Tiffany Heatwole**

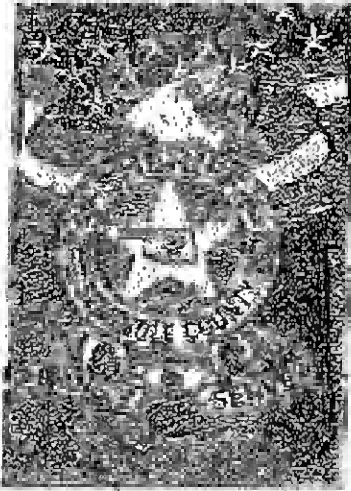


Signature of Reporting Party



Title/Position



**Seminole County Sheriff's Office**211 East 2<sup>nd</sup> Street

Wewoka, OK 74884

Phone: 405-257-5445

Fax: 405-257-5509

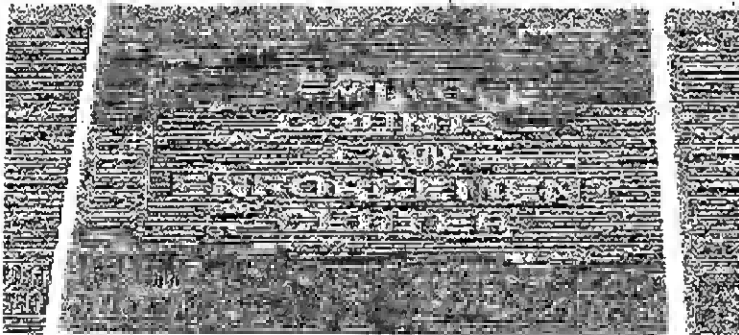
**FAX COVER SHEET**TO: FAX NUMBER: 405-271-5304Organization: Seminole County

Attention: \_\_\_\_\_

Subject: Inmate SuicideFROM: K. HawesNumber of Pages: 3, including cover sheet.

MESSAGE:

Sending Information:

Date: 3-20-18 Time: 1030Operator: HawesSeminole County Sheriff's Office  
Shannon Smith, Sheriff



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Date: 3-20-18

Name of reporting party:

KAREN HOWES

#### 1. Check the box identifying the type of incident.

Death ☐

Death by Suicide ☒

Serious Suicide Attempt ☐

Escape ☐

Escape with Injury ☐

Serious Injury to Jail Staff ☐

Serious Injury to Prisoner ☐

#### 2. Complete the following facility information:

Facility name: Seminole County Jail

#### 3. Enter name of detention staff and prisoner below.

Detention Staff Name: Randy Tinswood,  
Noelle Sherrouse, Pam Hylbut

Prisoner Name:



#### 4. Enter the date, time, and location of the incident below.

Date of Occurrence:

3/20/18

Time:

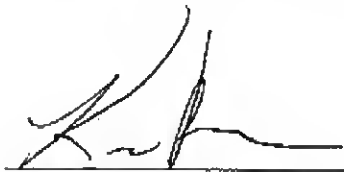
APPROX. 6:45 AM

*Jail Incident Report (continued)***5. Briefly describe what happened.**

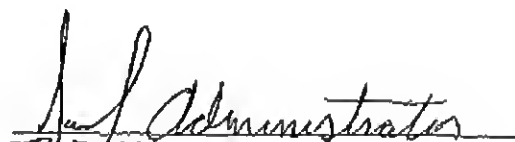
INMATE [REDACTED] hung himself  
He Tied his Blanket to the bunk and  
Around his neck and set down on floor,

**6. List any witnesses to the incident.**

Randy Tingwald  
Pam Hullbutta  
Noelle Sherrouse



Signature of Reporting Party

  
Administrator

Title/Position

MUSKOGEE COUNTY JAIL  
A DIVISION OF THE MUSKOGEE COUNTY SHERIFF'S OFFICE  
122 South 3<sup>rd</sup> Street  
Muskogee, Ok 74401  
918-682-7851  
fax: 918-684-1640

Date: 3-26-2018

To: OK STATE DEPARTMENT OF HEALTH Fax: 405-271-5301

Attn:

From: KAROLINA BOWEN

You should receive 2 page(s) including coversheet

Subject: BRANDY EDWARDS

Message:

JAIL INCIDENT REPORT

THANK YOU

*K Bowen*

\*\*\*\*\*CONFIDENTIALITY NOTICE\*\*\*\*\*

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Date: 03-26-2018

Name of reporting party: Karolina Boulet

#### 1. Check the box identifying the type of incident.

Death X    Death by Suicide ☐    Serious Suicide Attempt ☐    Escape ☐

Escape with Injury ☐    Serious Injury to Jail Staff ☐    Serious Injury to Prisoner ☐

#### 2. Complete the following facility information:

Facility name: Muskogee County/City Detention Facility

#### 3. Enter name of detention staff and prisoner below.

Detention Staff Name: Charles Frabel, Kyle Walton, Bri Snyder, Morgen Cartwright, Ryan Neese,  
Prisoner Name: [REDACTED]

#### 4. Enter the date, time, and location of the incident below.

Date of Occurrence: 03-24-2018

Time: 00:15 South-1 Cell

5. Briefly describe what happened. On the above time and approximate time security was called for South-1. Upon arrival Detention Officer Charles Frabel and Detention Officer Morgen Cartwright found inmate [REDACTED] unresponsive. Detention Officer Bri Snyder


*Jail Incident Report (continued)*

immediately called 911. EMS arrived at approx 00:25 and transported Inmate [REDACTED] to St Francis Muskogee Hospital. Pronounced dead on March 24, 2018 at 03:19 pm. The OSBI was notified immediately by Jail Administrator Melissa Jackson on March 24, 2018 at 09:29 am.

**6. List any witnesses to the incident.**

Charles Frabel  
Kyle Walton  
Bri Snyder  
Morgen Cartwright  
Ryan Neese

  
Signature of Reporting Party

  
Title/Position

**From:** [Charissa Reed](#)  
**To:** [OSDH Jails](#)  
**Subject:** Jail Incident Report  
**Date:** Wednesday, March 28, 2018 12:43:46 PM  
**Attachments:** [03282018124014.pdf](#)

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Date: 03/27/2018

Name of reporting party: mike sinnett

#### 1. Check the box identifying the type of incident.

Death ☒ Death by Suicide ☐ Serious Suicide Attempt ☐ Escape ☐

Escape with Injury ☐ Serious Injury to Jail Staff ☐ Serious Injury to Prisoner ☐

#### 2. Complete the following facility information:

Facility name: pontotoc county

#### 3. Enter name of detention staff and prisoner below.

Detention Staff Name: victoria bramlett, ty hignite, branc Prisoner Name: [REDACTED]

#### 4. Enter the date, time, and location of the incident below.

Date of Occurrence: 03/27/2018

Time: 9:05 pm



*Jail Incident Report (continued)*

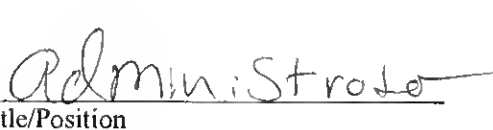
**5. Briefly describe what happened.**

on 03/27/2018 @ 2142 inmate [REDACTED] asked jailer brandon blanco to raise the blind so he could use the rest room . tower operator fredia roberts called to booking @ 2145 and told them the inmate was laying on the floor with is pants still down ,D/O bramlett @ D/O Blaco whent to cell (no) and found the inmate laying on the floor D/O blanco checked the inmate for a pulse the inmate did have a weak pulse so they called for EMS. Inmate was not responsive but still had a weak pulse before EMS arived they lost the inmates pulse D/O Brandon Blanco started cpr until ems arived @ 2155 . the inmate was taken to hospital by EMS and the DR at the ER called the inmate death at 2231.

**6. List any witnesses to the incident.**

Fredia roberts, Victoria Bramlett, Brandon Blanco

  
Signature of Reporting Party

  
Title/Position



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Date: 05/04/2018

Name of reporting party: Peggy Payne

#### 1. Check the box identifying the type of incident.

Death ☐    Death by Suicide ☒    Serious Suicide Attempt ☐    Escape ☐  
Escape with Injury ☐    Serious Injury to Jail Staff ☐    Serious Injury to Prisoner ☐

#### 2. Complete the following facility information:

Facility name: Greer County Jail

#### 3. Enter name of detention staff and prisoner below.

Detention Staff Name: Shery Sullivan  
Teario Keys

Prisoner Name: [REDACTED]

#### 4. Enter the date, time, and location of the incident below.

Date of Occurrence: May 4, 2018

Time: Approximately 13:45

*Jail Incident Report (continued)*

5. **Briefly describe what happened.** Inmate [REDACTED] covered the view of the cell door with a towel and had moved camera. Jailer Shery Sullivan approached cell door and told Inmate [REDACTED] to remove towel from the door. When there was no response from Inmate [REDACTED] Jailer Shery Sullivan entered cell and found Inmate [REDACTED] with phone cord wrapped around neck. CPR was started by jail staff.

6. **List any witnesses to the incident.**

No witness to incident due to view blocked and Inmate Murnaham in cell by herself.

Jail Incident Report (continued)

Peggy Payne  
Signature of Reporting Party

Office Deputy  
Title/Position

**OKLAHOMA  
COUNTY****SHERIFF**

Oklahoma County Sheriff's Office  
201 N. Shartel, Oklahoma City, Oklahoma 73102  
405-713-1934 Office  
405-713-1978 Fax

## ***FAX TRANSMITTAL***

**To:** Jail Inspection Division**From:** Oklahoma County Sheriff's Office**Fax:** 405-271-5304**Pages:** 3**Phone:** 405-271-3912**Date:** 05/07/2018**Re:****CC:**

☐ Urgent    ☐ For Review    ☐ Please Comment    ☐ Confidential    ☐ Other

• **Comments:**





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**360:670-5-2(28)**

Department notified no later than **next working day** of the following: extensive damage to jail property, serious injury to staff or prisoner, escape, serious suicide attempt.

**Date:** 05/07/2018

**Name of reporting party:** Major Jack Herron

**1. Check the box identifying the type of incident.**

Death ☒ Suicide ☐ Serious Suicide Attempt ☐ Damage to Jail Property ☐  
Escape ☐ Escape with Injury ☐ Serious Injury to Jail Staff ☐ Serious Injury to Prisoner ☐  
Unusual Incident ☐

**2. Complete the following facility information.**

**Facility:** Oklahoma County Detention Center

**3. Enter name of jail staff and prisoner.**

**Jail Staff Name:** Lt. Dennis Hansen

**Prisoner Name:** [REDACTED]

**4. Enter the date, time, and location of the incident.**

**Date of Occurrence:** 05/06/2018 **Time:** 2031 **Location:** OCDC

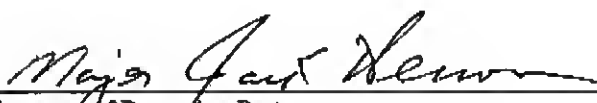
**5. Briefly describe what happened.**

On 5/6/18 at 2031 hours [REDACTED] was found unresponsive. Staff immediately started CPR and called for EMSA. EMSA continued life saving measures and transported [REDACTED] to St. Anthony's Hospital. He was pronounced dead at 2130 hours.

*Jail Incident Report (continued)*

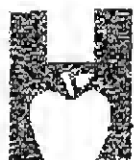
**6. List any-witnesses to the incident.**

Lt. Dennis Hansen, Cpl. R Gammon, Cpl C. Eronini, SDO Sommer, SDO D Hammonds

  
\_\_\_\_\_  
Signature of Reporting Party

\_\_\_\_\_  
Major/Jail Administrator  
Title/Position





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360:670-5-2(28)

Department notified no later than next working day of the following: extensive damage to jail

~~property, serious injury to staff or prisoner, escape, serious suicide attempt.~~

Attempted Suicide: Actions resulting in medical treatment of inmate within jail facility.

Serious Suicide Attempt: Actions resulting in inmate being taken outside facility for medical treatment.

Date: 5/13/18

Name of reporting party:

Deputy Merritt, Justin  
Rogers County Sheriff's Office  
Detention Division 5175

1. Check the box identifying the type of incident.

Death ☒ Death by Suicide ☐ Attempted Suicide ☐ Serious Suicide Attempt ☐

Damage to Jail Property ☐ Escape ☐ Escape with Injury ☐

Serious Injury to Jail Staff ☐ Serious Injury to Prisoner ☐ Unusual Incident ☐

2. Facility name. Amos G. Ward Detention Facility  
Claremore, OK 74017 Rogers County Jail

3. Enter name of jail staff and prisoner.

Jail Staff Name: Deputy Merritt, Justin (Shift Supervisor)  
Deputy Campbell, Grady  
Inmate Escort

Prisoner Name:



4. Enter the date, time, and location of the incident.

Date of Occurrence: 5/13/18

Time: 16:40

5. Briefly describe what happened.

Inmate complained of need for medical attention. Inmate stated they could not walk. Fire and EMS was contacted. Inmate was transported to hospital. Inmate was then transported to another hospital, Tulsa Hillcrest. Inmate deceased at 2307 of undetermined causes

## Jail Incident Report (continued)

6. List any witnesses to the incident.

Deputy Campbell, Craig  
Deputy Merritt, Justin  
DO Marsh, Samantha  
DO Testerman, Richard

Medical staff Williams, Amity LPN

Justin Merritt  
Signature of Reporting Party

Justin Merritt  
Printed Name of Reporting Party

Deputy / Shift Lead  
Title/Position



Health Resources  
Development Service  
Oklahoma State  
Department of Health

Jail Inspection Division  
Oklahoma State Department of Health  
1000 NE 10<sup>th</sup> Street - Oklahoma City, OK 73117  
Telephone (405) 271-6868 - Fax (405) 271-5304  
<http://jails.health.ok.gov>

## JAIL INCIDENT REPORT

To submit an incident report, complete this form and fax to the Jail Inspection Division at (405) 271-5304. DO NOT INCLUDE ANY ATTACHMENTS.

### 310:670-5-2(27) Security and control

In case of a death or an escape with injury, the Department shall be notified immediately.

### 310:670-5-2(28) Security and control

The Department shall be notified no later than the **next working day** if any of the following occur: (A) Extensive damage to jail property; (B) Serious injury to staff or prisoner defined as life threatening or requiring transfer to outside medical facility; (C) Escape; (D) Serious suicide attempt, defined as life threatening or requiring transfer to outside medical facility.

Date: 05/19/2018

Name of reporting party: Sergeant Paula Hite

### 1. Check the box identifying the type of incident.

Death ☒ Death by Suicide ☐ Serious Suicide Attempt ☐ Damage to Jail Property ☐  
Escape ☐ Escape with Injury ☐ Serious Injury to Jail Staff ☐ Serious Injury to Prisoner ☐

### 2. Complete the following facility information:

Facility name. David L Moss Criminal Justice Center

Enter name of jail staff and prisoner.

Jail Staff Name: Lt. Stacie Holloway

Prisoner Name: [REDACTED]

### 3. Enter the date, time, and location of the incident.

Date of Occurrence: 05/19/2018

Time: 1530

4. Briefly describe what happened. On 5-19-2018, at approximately 1530 hours Detention Officer Brandon Blish went to cell GG where Inmate [REDACTED] was housed in a single occupancy cell in POD J-11 unit 1. Officer Blish attempted to get a response from inmate [REDACTED] to talk to him. Inmate [REDACTED] was lying on his mat in front of his cell door. Officer Blish could not get a response from Inmate [REDACTED]. Officer Blish summoned Corporal Babarinde who was in the unit at the time of the incident. Officer Blish and Corporal Babarinde made the decision to enter the cell due to the inmate not responding. Officer Blish and Corporal Babarinde opened the cell door and

*Jail Incident Report (continued)*

discovered the inmate was unresponsive and in obvious need of medical attention due to a thermal shirt tightly wrapped around his neck. Corporal Babarinde immediately removed the shirt from around his neck. A medical emergency was called over the radio, medical staff responded to begin lifesaving measures. EMSA and Tulsa Fire responded to the facility at the request of staff. Tulsa Fire arrived at 1557 hours and EMSA arrived 1601 hours to further assist in life saving measures. Inmate [REDACTED] was pronounced deceased at 1604 hours in his cell by EMSA.

**5. List any witnesses to the incident.**

Corporal Olakule Babarinde

Detention Officer Brandon Blish

Sergeant Paula Hite  
Signature of Reporting Party

Sergeant  
Title/Position